the human Mantoux. 2 If skin testing is equivocal, or in cases of infection involving potentially vulnerable sites (such as the mastoid), when adjacent antimycobacterial drug treatment is given, then it may be helpful to have the surgical site examined by the polymerase chain reaction. 4 This allows differentiation between M tuberculosis and NTM infection, although the specificity and sensitivity of the polymerase chain reaction in this setting is not known. Thus appropriate antimycobacterial treatment can usually be given long before mycobacterial culture results are available at 2-3 months, and the choice of treatment does not rely solely on clinical features.

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Overnight oscillations of rectal temperature

EDITOR.—We have previously reported from New Zealand regular variations of overnight rectal temperature in infants. 1 The periodicity is about one hour and the amplitude up to 0-3°C. These infant rectal temperature oscillations were found in 24 (80%) of 30 continuous overnight recordings. We have now examined a further 98 overnight recordings of rectal temperature that were part of a study by Wailoo et al from Leicester. 2 These recordings were classified by the infant's state of health: 2: 'well' (n=24), 'incubating illness' (n=44), or 'unwell' (n=30). Regular oscillations were observed visually in 68 (69%) of 99 overnight recordings, similar to the 80% reported from New Zealand. Using power spectral density and digital filtering techniques, confirmation, and measurement, of regular oscillations were found to be present in 55 of these 98 recordings. Temperature oscillations were seen equally in all three health groups of the infants. Also there was no change seen in the proportion of infants with oscillations with increasing age.

The mean period of oscillations in the Leicester babies was 59-2 minutes (range 46-5–73-2); this compares well with the 58 minutes as discovered by Brown et al. 1 Well infant records had oscillations with a slightly longer period (mean 63-4 minutes) than unwell infant records (mean 57-2 minutes) (p<0.05) with those incubating illness in between (mean 58-6). The oscillatory period was significantly shorter for infants over 12 weeks (mean 57-1 minutes) than for infants under 6 weeks (mean 62.5 minutes), with infants 6-12 weeks falling in between (mean 59-2).

We have shown that the presence of overnight temperature oscillations is a consistent characteristic of early infancy, occurring both in health and illness.

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Compliance with growth hormone treatment—are they getting it?

EDITOR.—We previously reported that only 48-9% of our patients treated with recombinant human growth hormone (rhGH) complied in all aspects. 1 We identified patient education and rhGH reconstitution as the major contributory factors and, as a consequence, offered patients a choice of rhGH preparation appropriate to their needs and a hospital based clinical nurse specialist to train them in its use at home. We have now administered the same questionnaire to a new group of patients.

Patients attending over a two month period were asked to complete a questionnaire if they were receiving rhGH. The questionnaire designed to assess level of understanding and compliance with treatment was accepted by 177 patients. Altogether 105 (59%) (group 1) had started treatment before the change in policy; 64 (36%) (group 2) had been trained by a clinical nurse specialist at home. Eighty one per cent of patients in group 2 had a good, 10% an adequate, and 9% a poor understanding of the therapeutic regimen compared with 50% 34%, 15% respectively before (p<0.01). Patients in group 1, who had started rhGH before the change in policy failed to improve their understanding of the therapeutic regimen despite being seen at regular intervals at hospital visits by a clinical nurse specialist.

Compliance was assessed by questions designed to uncover the number of missed injections during a three month period. Fifty eight per cent of patients in group 1 complied with all aspects of their treatment, which was not significantly different from our previous experience; 84% of patients in group 2 complied with all aspects of their treatment (p<0.001).

Compliance in children prescribed rhGH treatment has improved considerably. Initial training of both patient and family at hospital appears to be the most important element in achieving compliance.

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Morbidity from excessive intake of high energy fluids: the 'squad drinking syndrome'

EDITOR.—Following the article by Hourihane and Rolles on the 'squad drinking syndrome' 1 we would like to take the opportunity to remind readers that excessive squad drinking can rarely be associated with serious side effects than failure to thrive. 2 Recently a 22 month old girl presented here with a generalised afibrile convulsion and hypotonia. She had previously been recognised elsewhere as failing to thrive, with her weight lying below the third centile. Her weight at presentation here was 8-7 kg. On questioning she was found to be drinking approximately two litres of squash a day, as she slept with a large jug of juice at the bedside.

Investigation revealed a serum sodium concentration of 114 mmol/l, potassium 4.0 mmol/l, urea 2.9 mmol/l, creatinine 54 mmol/l, glucose 5-2 mmol/l, and calcium 2-34 mmol/l with a simultaneous urinary sodium of 19 mmol/l and urinary osmolality of 128 mmol/kg. Serum sodium rose to normal concentrations simply with fluid restriction to normal fluid requirements of around one litre a day. A water deprivation test subsequently revealed normal renal concentrating ability excluding diabetes insipidus as a cause for her polydipsia. The parents were advised to restrict squash consumption.

There have been no further fits on follow up over one year. Squash consumption has varied, but a normal serum sodium has been maintained. However, weight gain has been better at those times when squash consumption has been less excessive.

We agree with Hourihane and Rolles that excessive squash consumption is an important cause of failure to thrive. Additionally the possibility of water intoxication, with all its complications, should be considered if squash consumption is excessive.

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The art of communication with children

EDITOR.—The need to communicate well with children and their parents is fundamental to paediatric practice. Most of us see our young clients, including those referred to us as their doctor, but rarely do we get an opportunity to join them as normal adults with whom they can play and frankly discuss their problems. One way I learnt to understand children was to spend some weekends camping with the Woodcraft Folk, a recognised educational charity for children and young people. These camps are organised as...
BOOK REVIEWS


This new publication covers a range of surgical emergencies affecting children and gives some background to the surgical conditions and concentrates on first line management and investigation. It tackles subjects by clinical presentation rather than pathology and is aimed at the non-paediatric surgical specialty trainee, casualty, and nursing staff. It covers a wide range of presenting symp- toms, though by nature of the book, many rather superficially.

This topic has been poorly covered by recent texts, the majority of which have been major in-depth texts, unsuitable for quick reference by non-specialist staff. It is well laid out with short paragraphs, an easily readable concise style, bullet lists, and sub-titles.

It is a shame that in the first chapter on emergency surgical admission, there is no stress on basic resuscitation, neither do APLS (ATLS) techniques appear here nor as a preface to a general trauma section. The illus- trations are well chosen and helpful, though a few more examples of practical procedures would be useful, such as suprapubic aspiration and reduction of hernia. It would also be useful to have covered the role of the regional and supraregional specialist unit and transfer of the sick child, in particular neonates. The authors have set out to cover a large subject in an easily accessible format. The cost of this to some extent has been to lose any impression of the multiple controversies that exist within paediatric surgery. In picking a simple treatment plan, there are management suggestions that would not be acceptable in other centres in the UK, for example, that it is ever preferable to perform a pyloromyotomy under local anaesthesia or that it should ever, with careful management of the underlying electrolyte including potassium deficiency, be impossible to correct the electrolyte imbalance.

In general I feel the book is well written, well presented, with good illustrations. It will form a much needed up-to-date source of reference for medical students, nursing staff, and junior hospital doctors in the non-specialist environment.

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Cardiac effects of growth hormone in short normal children

EDITOR.—In our recent article the formula for body surface area was stated incor- rectly.1 It should read body surface area = \( \text{weight}^{0.425} \times \text{height}^{0.725} \times 0.007184 \) (height in cm, weight in kg).2 The relative merits of for- mulas versus nomograms have been previ- ously underlined.3 Such formulas are rarely seen in print and it is therefore important for safe practice for them to be correctly documented. The calculations, however, were all based on the correct formula.

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As a newly appointed consultant, I was per- plexed and challenged by Scott, a severely handicapped little boy who would be brought into the consulting room and promptly have a seizure on staring at the tartan squares on the carpet. If his mother could distract him from the carpet, his gaze would seek the linear patterns in the curtains, or worst still my striped blouse, and further absence attacks would occur. Neither the books nor my more erudite colleagues could help much but his mother was convinced that he was sensitive to patterns.

The new edition of Photovoltaic Epilepsy sheds much light on the phenomenon of pattern sensitivity and tells us far more besides about photovoltaic epilepsy. The text is based on the authors' study of the largest cohort of photovoltaic patients ever achieved (now over a 30 year period) and details new diagnostic techniques, prognosis, and genetic implications of the condition. While the authors strongly argue that correction to correct EEG technique is essential to demon- strate photovoltaic reliably. A photovoltaic response is often familial, is twice as common in females, and presents typically around puberty (although the history often suggests it may have been present for some years before it is recognised). Long term follow up studies indicate that a quarter of patients will outgrow the condition.

In western Europe the commonest precipi- tant of photovoltaic epilepsy is television viewing (due to AC mains supply which alternates at 50 Hz). In 1993, 'videogame' epilepsy was given much footage in the European press as increasing numbers of seizures were reported in children who watched videos. Most video monitors are 70 Hz (and thus likely to be outside the photovoltaic range) and many children seized as a result of playing with hand held modules or in game arcades. Thus, there was an additional factor other than simple photo- sensitivity. The authors were in the vanguard of opinion that this was likely to be pattern sensitivity and they discuss their evidence for this.

The fascinating subject of self induced photovoltaic epilepsy is considered in which children have a compulsive attraction for TV (sometimes being drawn across a road to watch TV in shop windows). If they can get close enough to the set, they will have a seizure. Self induced pattern epilepsy is much rarer and is usually found in children with learning disability.

There is a chapter on treatment and, although avoidance of stimuli is still recom- mended, there has been a change of view regarding drug treatment. It is now recom- mended that all young people with primary photovoltaic epilepsy are treated with sodium valproate because of the increasing exposure to provocative visual stimuli in modern day life. The book contains a large number of useful and fascinating facts, including pattern testing techniques and the stringent testing techniques applied to pilots, divers, and train drivers.

I would consider the book essential reading for all doctors who treat patients with epilepsy.

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‘When I was a boy: World a better spot’

What was so was so: What was not was not’

There are different approaches to the problem of keeping up to date. The least effective is that of the ostrich, stick your head in the sand.